



APPLICATION FOR SENIOR CITIZEN DISCOUNT PRIVILEGE

	APPLICATION NO. <input style="width: 150px;" type="text"/>
ACCOUNT NAME: <input style="width: 300px;" type="text"/>	ACCOUNT NO: <input style="width: 200px;" type="text"/>
ADDRESS: <input style="width: 350px;" type="text"/>	DATE OF BIRTH: _____
_____	AGE: _____
CONTACT NO: _____	GENDER: _____

This is to request for availing of the Senior Citizen Discount Privilege under Republic Act 9994, otherwise known as the "Expanded Senior Citizens Act of 2010". I fully understand and agree with the specific terms and conditions in the grant of the privilege herein below, stated as follows:

1. The grant of a five percent (5%) discount is relative to the monthly consumption of water supplied by TCWD;
2. The individual water meter is registered in the name of the senior citizen residing therein;
3. The monthly water consumption does not exceed thirty cubic meters (30 m³);
4. The discount privilege has a validity of one (1) year, subject to re-application/renewal;
5. The privilege is granted per household regardless of the number of senior citizens residing therein; and
6. The discount privilege is discontinued for any violation of TCWD's policies and shall not be excused from the imposition of penalty.

Date Applied

Applicant's Signature over Printer Name

VERIFICATION OF QUALIFICATION

- | | |
|--|---|
| <input type="checkbox"/> Proof of Identity (OSCA ID)
OSCA ID # _____
<input type="checkbox"/> No Other Account Granted | <input type="checkbox"/> Proof of Account Registration
TCWD Water Bill/Records
<input type="checkbox"/> Proof of Appearance/ Living |
|--|---|

Remarks: _____

Evaluated by: <div style="text-align: center;"> <u>Jenn Glaiza C. Gallego</u> Division Manager </div>	Reviewed by: <div style="text-align: center;"> <u>Mary Desiree A. Cabante</u> Commercial Department Manager </div>	Action taken: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date:
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